(Within 48 hours as required by Health & Safety Code Section 1283)

HEALTH FACILITY MINOR RELEASE REPORT

Prepare original and 3 copies: one copy each for hospital file, birth parent, and person receiving minor. SEE INSTRUCTIONS ON REVERSE SIDE

Send original to: California Department of Social Services

744 P Street, M/S 19-31 Sacramento, California 95814

IMPORTANT NOTICE

THIS HEALTH FACILITY RELEASE FORM IS NOT A RELINQUISHMENT FOR OR CONSENT TO ADOPTION.

IN CALIFORNIA THERE ARE TWO BASIC WAYS THAT A BIRTH PARENT MAY PLACE A CHILD FOR ADOPTION:

- AGENCY ADOPTION: THE BIRTH PARENT RELINQUISHES THE CHILD TO A LICENSED ADOPTION AGENCY FOR PLACEMENT WITH A FAMILY THAT HAS BEEN STUDIED AND APPROVED BY THE AGENCY. IF THE BIRTH PARENT AND AGENCY AGREE, THE RELINQUISHMENT MAY NAME THE ADOPTING PARENTS. AFTER THE CHILD IS RELINQUISHED TO A LICENSED ADOPTION AGENCY, THE BIRTH PARENT NO LONGER HAS CUSTODY AND CONTROL OF THE CHILD. THE BIRTH PARENT MAY NOT RESCIND THE RELINQUISHMENT AND RECLAIM THE CHILD UNLESS THE BIRTH PARENT AND THE ADOPTION AGENCY AGREE TO RESCISSION OR THE RELINQUISHMENT NAMES THE ADOPTING PARENTS AND THE ADOPTION IS NOT COMPLETED.
- INDEPENDENT ADOPTION: THE BIRTH PARENT PLACES THE CHILD DIRECTLY WITH THE ADOPTING PARENTS. THE LAW REQUIRES THAT THE BIRTH PARENT WHO WANTS TO PLACE THE CHILD FOR ADOPTION WITH ANYBODY OTHER THAN THE CHILD'S AUNT, UNCLE, GRANDPARENT, BROTHER, OR SISTER DO SO BY SIGNING AN ADOPTION PLACEMENT AGREEMENT. BEFORE SIGNING THE AGREEMENT, THE BIRTH PARENT MUST BE ADVISED REGARDING HIS OR HER RIGHTS BY AN ADOPTION SERVICE PROVIDER. THE ADOPTION PLACEMENT AGREEMENT BECOMES AN IRREVOCABLE CONSENT TO ADOPTION AFTER 90 DAYS. DURING THE 90 DAY PERIOD, THE BIRTH PARENT MAY REVOKE THE AGREEMENT AND RECLAIM THE CHILD. THE BIRTH PARENT MAY WAIVE THE RIGHT TO REVOKE THE ADOPTION PLACEMENT AGREEMENT AFTER BEING INTERVIEWED BY A REPRESENTATIVE OF THE CALIFORNIA DEPARTMENT OF SOCIAL SERVICES OR A DELEGATED COUNTY ADOPTION AGENCY.

IF YOU PLACE A CHILD IN FOSTER CARE OR WITH AN INDIVIDUAL, BUT DO NOT RELINQUISH, SIGN A PLACEMENT AGREEMENT OR CONSENT, OR RECLAIM YOUR CHILD WITHIN SIX MONTHS, THE COURT MAY FIND THAT YOU HAVE ABANDONED THE CHILD AND TERMINATE ALL OF YOUR PARENTAL RIGHTS REGARDING THE CHILD EVEN THOUGH YOU HAVE NOT SIGNED A RELINQUISHMENT, PLACEMENT AGREEMENT, OR CONSENT.

| | IDENTIFYING INFORMATION | | |
|----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | Child's Name | Birthdate | Sex 🗌 Male 🔲 Female |
| | PARENT'S AUTHORIZATION (Fill out completely before parent si | gns. Alterations or deletions invalida | te form). |
| | A. I, | , the parent of | |
| | authorize | | Hospital to release my child to |
| | residing at (co | omplete address) | |
| | for the purpose of Independent Adoption by (full names) | | residing |
| | at (address) | who has | s/have my permission to care for my child in |
| | his/her/their home, Agency Adoption planning, Fost | er Care, Other, Explain | . This |
| | authorization only releases my child from the hospital. It is no | ot a consent to or relinquishment for a | doption. I retain all parental rights to the custody |
| | and control of my child. If the child is placed for Independent Social Services or a delegated county adoption agency after t | | |
| | B. MEDICAL AUTHORIZATION | | |
| | I authorize and empower the person(s) named in Section II A above to make any provisions for medical and surgical care for my child identified on this report, including anaesthesia, which may be deemed necessary or advisable by any licensed physician, for a period not to exceed six months | | |
| | this report, including anaesthesia, which may be deemed nec from the date of my child's release from this hospital. | essary or advisable by any licensed p | onysician, for a period not to exceed six months |
| | from the date of my child's release from this nospital. | | |
| | (Witness) | (Date) | (Signature of parent, or person having legal custody of child) |
| I. | ACKNOWLEDGEMENT BY PERSON(S) RECEIVING CHILD | | |
| | On (date) I/we received (child's name) _ | | for the purpose of Independent Adoption |
| 1 | Agency Adoption planning, Foster Care, Other, as explained above. If the child is released for Independent Adoption and an adoption petition | | |
| | | | for independent Adoption and an adoption belillor |
| | is not filed within thirty days, the California Department of Social | | |
| | | | |
| , | is not filed within thirty days, the California Department of Social violated. | Services will begin an investigation | to determine if foster care licensing law is being |
| , | is not filed within thirty days, the California Department of Social | Services will begin an investigation | to determine if foster care licensing law is being |
| , | is not filed within thirty days, the California Department of Social violated. | Services will begin an investigation | to determine if foster care licensing law is being |
| , | is not filed within thirty days, the California Department of Social violated. I/we understand that this authorizes only the release of this child from the control of the | Services will begin an investigation om the hospital. This is not a consen | to determine if foster care licensing law is being |
| , | is not filed within thirty days, the California Department of Social violated. I/we understand that this authorizes only the release of this child from the control of the | Services will begin an investigation om the hospital. This is not a consen | to determine if foster care licensing law is being it or relinquishment of this child for adoption. (Signature of persons receiving child) |
| | is not filed within thirty days, the California Department of Social violated. I/we understand that this authorizes only the release of this child from the control of the | Services will begin an investigation om the hospital. This is not a consen (Date) | to determine if foster care licensing law is being at or relinquishment of this child for adoption. (Signature of persons receiving child) (Organization - if Applicable) |
| | is not filed within thirty days, the California Department of Social violated. I/we understand that this authorizes only the release of this child from (Witness) | Services will begin an investigation om the hospital. This is not a consen (Date) Driver's license number Social Security number or | to determine if foster care licensing law is being at or relinquishment of this child for adoption. (Signature of persons receiving child) (Organization - if Applicable) (Address) |
| | is not filed within thirty days, the California Department of Social violated. I/we understand that this authorizes only the release of this child from (Witness) Identification of person(s) receiving child (two ID's required): | Services will begin an investigation om the hospital. This is not a consen (Date) Driver's license number Social Security number or other identification | to determine if foster care licensing law is being at or relinquishment of this child for adoption. (Signature of persons receiving child) (Organization - if Applicable) (Address) State |
| | is not filed within thirty days, the California Department of Social violated. I/we understand that this authorizes only the release of this child from (Witness) | Services will begin an investigation om the hospital. This is not a consen (Date) Driver's license number Social Security number or other identification | to determine if foster care licensing law is being at or relinquishment of this child for adoption. (Signature of persons receiving child) (Organization - if Applicable) (Address) State |
| | is not filed within thirty days, the California Department of Social violated. I/we understand that this authorizes only the release of this child from (Witness) Identification of person(s) receiving child (two ID's required): REPORT OF HOSPITAL | Services will begin an investigation om the hospital. This is not a consen (Date) Driver's license number Social Security number or other identification Telephone number (| to determine if foster care licensing law is being at or relinquishment of this child for adoption. (Signature of persons receiving child) (Organization - if Applicable) (Address) State |
| | is not filed within thirty days, the California Department of Social violated. I/we understand that this authorizes only the release of this child from (Witness) Identification of person(s) receiving child (two ID's required): | Services will begin an investigation om the hospital. This is not a consen (Date) Driver's license number Social Security number or other identification | to determine if foster care licensing law is being at or relinquishment of this child for adoption. (Signature of persons receiving child) (Organization - if Applicable) (Address) State |
| V. | is not filed within thirty days, the California Department of Social violated. I/we understand that this authorizes only the release of this child from (Witness) Identification of person(s) receiving child (two ID's required): REPORT OF HOSPITAL | Services will begin an investigation om the hospital. This is not a consen (Date) Driver's license number Social Security number or other identification Telephone number (| to determine if foster care licensing law is being at or relinquishment of this child for adoption. (Signature of persons receiving child) (Organization - if Applicable) (Address) State |
| | is not filed within thirty days, the California Department of Social violated. I/we understand that this authorizes only the release of this child from (Witness) Identification of person(s) receiving child (two ID's required): REPORT OF HOSPITAL (Name of Hospital) | Services will begin an investigation om the hospital. This is not a consen (Date) Driver's license number Social Security number or other identification Telephone number (| to determine if foster care licensing law is being at or relinquishment of this child for adoption. (Signature of persons receiving child) (Organization - if Applicable) (Address) State |

(Signature of Administrator or Designated Representative)

INSTRUCTIONS FOR COMPLETING THE HEALTH FACILITY MINOR RELEASE REPORT

This form shall be completed for each child under 16 years of age who is discharged from a health facility to a person other than the child's parent, relative by blood or marriage, or person having legal custody unless the child is transferred to another health facility or comes within Sections 300, 601 or 602 of the Welfare and Institutions Code and is released to an agent of a public welfare, probation or law enforcement agency.

Section I. Enter the child's name, birthdate and sex (as shown on the "Record of Live Birth" (VS 10) if the child is a newborn).

Section II.. The name and address of the person(s) or agency authorized by the parent or guardian to remove a child from the health facility and, if an independent adoption, the name and address of the person(s) with whom the child will be placed must be entered in the appropriate space before the parent or guardian signs the authorization.

Section III. The person(s) or agency receiving the child shall be the same as the person or agency designated by the parent or guardian in Section II.

Section IV. Complete the entire section. If the father's name is unknown or withheld, this should be indicated.

A copy of the Health Facility Minor Release Report shall be offered to both parent or guardian and the person(s) removing the child from the health facility as all persons are entitled to copies of any documents they may sign. If the copy is refused, this should be noted and retained in the health facility file with the health facility copy.

CALIFORNIA LAW REGARDING RELEASE OF MINOR FROM HEALTH FACILITY

Section 1283 of the Health and Safety Code states:

- "(a) No health facility shall surrender the physical custody of a minor under 16 years of age to any person unless such surrender is authorized in writing by the child's parent or the person having legal custody of the child.
- "(b) A health facility shall report to the California Department of Health Services, on forms supplied by the department, the name and address of any person and, in the case of a person acting as an agent for an organization, the name and address of the organization, into whose physical custody a minor under the age of 16 is surrendered, other than a parent, relative by blood or marriage, or person having legal custody. Such report shall be transmitted to the department within 48 hours of the surrendering of custody. No report to the department is required if a minor under the age of 16 is transferred to another health facility for further care or is such minor comes within Section 300, 601, or 602 of the Welfare and Institutions Code and is released to an agent of a public welfare, probation, or law enforcement agency."

CALIFORNIA LAW REGARDING PLACEMENT OF CHILDREN

Section 8609(b) of the Family Code states:

"(b) Any person, other than a birth parent, or any organization, association, or corporation that, without holding a valid and unrevoked license to place children for adoption issued by the department [of Social Services], places any child for adoption is guilty of a misdemeanor."

CALIFORNIA LAW REGARDING TERMINATION OF PARENTAL RIGHTS

Section 7820 of the Family Code in part states:

"A proceeding may be brought under this part for the purpose of having any child under the age of 18 years declared free from the custody and control of either or both parents if the child comes within any of the following descriptions set out in this chapter."

Section 7822 of the Family Code in part states:

- "(a) A proceeding under this part may be brought where the child . . . has been left by both parents or the sole parent in the care and custody of another for a period of six months . . . without any provision for the child's support, or without communication from the parent or parents, with the intent on the part of the parent or parents to abandon the child."
- "(d) If the parent has placed the child for adoption and has not refused to give the required consent to adoption, evidence of the adoptive placement shall not in itself preclude the court from finding an intent on the part of that parent to abandon the child. If the parent has placed the child for adoption and has refused to give the required consent to adoption but has not taken reasonable action to obtain custody of the child, evidence of the adoptive placement shall not in itself preclude the court from finding an intent on the part of that parent to abandon the child."